

I-Resolutions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 IR
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 790-2280
Email: @i-resolutions.com

Notice of Independent Review Decision

Review Outcome

Description of the service or services in dispute:

X

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Licensed X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Information Provided to the IRO for Review

X

Patient Clinical History (Summary)

X is a X with date of injury X. According to the Notice of Adverse Determination letter dated X by X, DDS, the mechanism of injury was described as X. X was diagnosed with X causing X and X, along with some X.

A letter was completed by X, DDS on an unknown date indicating X was seen on X. X was referred to a X plan from Dr. X. X reported a X accident in X that X causing X and X injury, along with some X. X reported multiple X, and appointments with providers following accident to address X; however, nothing seemed to fix the X. X presented for a full examination, and the below notes detailed findings and recommended treatment plan. X had multiple X. The overall prognosis of X. X screening was X. The recommended treatment was X. Due to lack of records after X, it was difficult to tell if X was a result of X injuries from X. The option of X versus X was discussed with Dr. X. Dr. X and Dr. X concluded that they recommend X due to X. X was informed that in order to restore X dentition and remove X, the following steps of treatment would need to be completed: X. Upon X for the treatment, X would be contacted by Dr. X for X and Dr. X for X.

Treatment to date included X.

Per a X letter dated X by X, DDS, the request for X. Rationale was as follows: "There is not enough clinical information to make a determination at this time. I explained to Dr. X much more clinical information is needed to review this case. A detailed list of X is needed. X are also needed. Dr. X indicated there was a report from an X, Dr. X. That report would also need to be submitted for review. A detailed narrative and or records of the previous treatment would also be needed as well as what treatment was done after X. The clinical documentation is insufficient to demonstrate medical necessity. I recommend the treatment is non-certified at this time."

A X letter was documented by X, DDS on X indicating the request for X was non-certified. The rationale was as follows: "This case was previously non-certified on X, due to lack of clinical information sufficient enough to make a determination. It was stated that detailed lists of X were required to make a determination. Regarding the requested X treatment, the X

recommends X treatment for those with X. The X had a longstanding history of X related to a X. X had X and X. However, the provided documentation lacked sufficient evidence for review. Required documentation would include all clinical records and appropriate X to determine the need. As such, the request for X is non-certified.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

In review of the clinical findings, there was insufficient detail to support the X. There were no specific X as well as X to support the need for the requested services. Due to the insufficient supporting clinical findings, it is this reviewer’s opinion that medical necessity is not established for the request for X.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
-
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual

- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)